

Robin Carnahan Secretary of State  
2006 ANNUAL REGISTRATION REPORT  
NONPROFIT

File Number: 200632440466  
N00677757  
Date Filed: 11/15/2006  
Robin Carnahan  
Secretary of State

\* SECTION 1, 3 & 4 ARE REQUIRED

REPORT DUE BY: 08/31/2006

ORGANIZED UNDER THE LAWS OF:  
Missouri

N00677757  
Harvest Foundation, Inc.  
BRUCE LAWRENCE  
250 NORTH KINGSHIGHWAY  
SIKESTON, MO 63801

PRINCIPAL PLACE OF BUSINESS OR  
CORPORATE HEADQUARTERS: \*

1 P.O. Box 124  
STREET  
Vanduser, MO 63784  
CITY/STATE ZIP

If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

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- ☐ The new registered agent  
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW  
REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.  
☐ The new registered office address  
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT  
ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW.

A

PRES Dennis L. McElwrath  
STREET/RT 24247 Base Road  
CITY/STATE/ZIP Havre, MT 59501  
V-PRES Trevor Spencer  
STREET/RT HC30, Box 102  
CITY/STATE/ZIP Havre, MT 59501  
SECY Aubrey Kincaid  
STREET/RT 24247 Base Road  
CITY/STATE/ZIP Havre, MT 59501  
TREAS  
STREET/RT  
CITY/STATE/ZIP

BOARD OF DIRECTORS \*

NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT  
ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW.

B

NAME Dennis L. McElwrath  
STREET/RT 24247 Base Road  
CITY/STATE/ZIP Havre, MT 59501  
NAME Trevor Spencer  
STREET/RT HC 30, Box 102  
CITY/STATE/ZIP Havre, MT 59501  
NAME Aubrey Kincaid  
STREET/RT 24247 Base Road  
CITY/STATE/ZIP Havre, MT 59501  
NAME Dennis J. McElwrath  
STREET/RT 24792 State Hwy. 153  
CITY/STATE/ZIP Holcomb, MO 63852

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

The undersigned understands that false statements made in this report are punishable for the crime of making a false  
declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable. \*

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Authorized party or officer sign here

*Dennis L. McElwrath*

(Required)

Please print name and title of signer:

Dennis L. McElwrath, President

NAME

TITLE

REGISTRATION REPORT FEE IS:

\$15.00 If filed on or before 8/31

\$20.00 If filed after 8/31

Corporation will be administratively dissolved if report is not  
filed by November 30th.

State of Missouri

Annual Report Priority - NonProfit 1 Page(s)

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE,  
BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL  
INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL)

NOTE: IF THE REGISTRATION REPORT WILL BE REJECTED

IT WILL BE RETURNED TO THE DIRECTOR OF REVENUE

AND TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102



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